General

Guideline Title

Primary prevention of childhood obesity, second edition.

Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Primary prevention of childhood obesity, second edition. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2014 May. 140 p. [265 references]

Guideline Status

This is the current release of the guideline.

This guideline updates a previous version: Registered Nurses Association of Ontario (RNAO). Primary prevention of childhood obesity. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2005 Mar. 88 p.

This guideline meets NGC's 2013 (revised) inclusion criteria.

Recommendations

Major Recommendations

The levels of evidence supporting the recommendations (Ia, Ib, IIa, IIb, III, IV) are defined at the end of the "Major Recommendations" field.

Practice Recommendations

Assessment

Recommendation 1.1

Routinely assess children's nutrition, physical activity, sedentary behaviour, and growth according to established guidelines, beginning as early as possible in a child's lifespan.

(Level of Evidence = IV)

Recommendation 1.2

Assess the family environment for factors (e.g., parenting/primary caregiver influences and socio-cultural factors) that may increase children's risk of obesity.

(Level of Evidence = IV)

Recommendation 1.3

Collaborate with school leaders to assess elementary-school environments for risk and protective conditions that influence childhood obesity, including:

- Student demographics
- School policies
- Food and physical activity environments

(Level of Evidence = IV)

Recommendation 1.4

Assess neighbourhoods for community-level risk and protective conditions that influence childhood obesity.

(Level of Evidence = IV)

Planning

Recommendation 2.1

Engage community stakeholders when planning primary-prevention interventions for childhood obesity.

(Level of Evidence = IIb)

Recommendation 2.2

Develop interventions that are:

- Universally applied, as early as possible (*Level of Evidence = IV*)
- Targeted toward multiple behaviours (*Level of Evidence = IV*)
- Implemented using multiple approaches (*Level of Evidence = IIa*)
- Inclusive of parents/primary caregivers and the family (*Level of Evidence = IIa*), and
- Implemented simultaneously in multiple settings (*Level of Evidence = IIa*)

Implementation

Recommendation 3.1

Support exclusive breastfeeding for the first six months of life followed by breastfeeding and complementary feeding up to two years of age or beyond.

(Level of Evidence = III)

Recommendation 3.2

Provide education and social support to help parents/primary caregivers to promote healthy eating and physical activity in infants and toddlers.

(Level of Evidence = Ib)

Recommendation 3.3

Collaborate with parents/primary caregivers, educators and support staff (e.g., teachers, child care providers, school leaders) to promote healthy eating and physical activity in all settings where preschool children gather.

(Level of Evidence = Ib)

Recommendation 3.4

Collaborate with school communities to promote regular physical activity among elementary-school children.

(Level of Evidence = IIb)

Recommendation 3.5

Facilitate and support the integration of health and nutrition education into elementary-school programs and support the improvement of the school food environment.

(Level of Evidence = IIa–III)

Evaluation

Recommendation 4.1

Monitor and evaluate the effectiveness of the family's approach to healthy eating and physical activity.

(Level of Evidence = IV)

Recommendation 4.2

Evaluate the effectiveness and sustainability of school- and community-based primary-prevention initiatives.

(Level of Evidence = IV)

Recommendation 4.3

Advocate and support the evaluation of an organization's compliance with healthy public policies, and the impact of such policies on childhood eating behaviours and physical activity.

(Level of Evidence = III)

Education Recommendations

Recommendation 5.1

Incorporate foundational primary-prevention curricula based on this Guideline into the undergraduate education of nurses and other health-care providers.

(Level of Evidence = IV)

Recommendation 5.2

Health-care professionals should participate in continuing education to enhance their ability to support the positive behavioural and environmental changes for children, families, and communities recommended in this Guideline.

(Level of Evidence = IV)

System, Organization and Policy Recommendations

Recommendation 6.1

Collaborate with organizations to develop, promote, and implement comprehensive and enforceable healthy public policies that impact healthy eating and physical activity in all childhood settings.

(Level of Evidence = III)

Recommendation 6.2

Collaborate with organizations to establish, or critically examine and work to improve, healthy public policies that address children's physical activity and built environments.

(Level of Evidence = IV)

Recommendation 6.3

Collaborate with organizations to establish, or critically examine and work to improve, healthy public policies that address the school food environment and the marketing of unhealthy food and beverages to children.

(Level of Evidence = IV)

Recommendation 6.4

Collaborate with organizations and the broader community to establish, or work to improve, healthy public policies that address the barriers to health equity.

(Level of Evidence = IV)

Recommendation 6.5

Advocate for the establishment of a comprehensive population-level surveillance system to monitor risk and protective conditions for childhood obesity, including:

- Prevalence of healthy weights
- Physical activity and healthy eating
- Socio-economic factors such as the prevalence of poverty
- Prevalence and duration of breastfeeding and exclusive breastfeeding

(Level of Evidence = IV)

Definitions:

Levels of Evidence

Ia Evidence obtained from meta-analysis or systematic reviews of randomized controlled trials.

Ib Evidence obtained from at least one randomized controlled trial.

IIa Evidence obtained from at least one well-designed controlled study without randomization.

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization.

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies.

IV Evidence obtained from expert committee reports, opinions, and/or clinical experiences of respected authorities.

Adapted from "Sign grading system 1999-2012," by the Scottish Intercollegiate Guidelines Network (SIGN), 2012, in SIGN 50: A Guideline Developer's Handbook. Available from http://www.sign.ac.uk/guidelines/fulltext/50/index.html .

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Childhood obesity

Guideline Category

Evaluation

Prevention

Clinical Specialty

Family Practice

Nursing

Nutrition

Pediatrics

Preventive Medicine

Intended Users

Advanced Practice Nurses

Nurses

Guideline Objective(s)

To provide nurses across all practice settings with evidence-based practice, education, system, organization and policy recommendations for the primary prevention of obesity in infants, preschool, and elementary-school-aged children

Target Population

Infants and children from birth to age 12 years

Interventions and Practices Considered

Evaluation

1. Routine assessment of children's nutrition, physical activity, sedentary behaviour, and growth, according to established guidelines
2. Assessment of the family environment for factors that may increase children's risk of obesity
3. Collaboration with school leaders to assess elementary-school environments for risk and protective conditions that influence childhood obesity
4. Assessment of neighbourhoods for community-level risk and protective conditions that influence childhood obesity

Prevention

1. Engagement of community stakeholders
2. Development of interventions that are:
    - Universally applied, as early as possible
    - Targeted toward multiple behaviours
    - Implemented using multiple approaches
    - Inclusive of parents/primary caregivers and the family
    - Implemented simultaneously in multiple settings
3. Support of exclusive breastfeeding for the first six months, followed by breastfeeding and complementary feeding up to two years of age and beyond
4. Provision of education and social support for parents/primary caregivers to promote healthy eating and physical activity in infants and toddlers
5. Collaboration with parents/primary caregivers, educators and support staff to promote healthy eating and physical activity in preschool-aged children
6. Collaboration with school communities to promote regular physical activity in elementary-school children
7. Integration of health and nutrition education into elementary-school programs
8. Monitoring and evaluation of the effectiveness of the family's approach to healthy eating and physical activity
9. Evaluation of the effectiveness and sustainability of school- and community-based primary-prevention initiatives
10. Advocation and support for the evaluation of an organization's compliance with healthy public policies and their impact on childhood eating behaviours and physical activity

11. Incorporation of foundational primary-prevention curricula into the undergraduate education of nurses and other health-care providers
12. Participation of health-care professionals in continuing education to enhance their ability to support positive behavioural and environmental changes for children, families, and communities
13. Collaboration with organizations to develop, promote, and implement comprehensive and enforceable healthy public policies that impact children's healthy eating and physical activity
14. Collaboration with organizations to establish, or critically examine and work to improve, healthy public policies that address children's physical activity and built environments
15. Collaboration with organizations and the broader community to improve healthy public policies that address the barriers to health equity
16. Advocation for the establishment of a comprehensive population-level surveillance system to monitor risk and protective conditions for childhood obesity

Major Outcomes Considered

- Body mass index rates
- Quality of life
- Childhood obesity rates
- Effectiveness of behavioural interventions at increasing healthy eating and physical activity

Methodology

Methods Used to Collect/Select the Evidence

Hand-searches of Published Literature (Primary Sources)

Hand-searches of Published Literature (Secondary Sources)

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Guideline Review

The Registered Nurses' Association of Ontario (RNAO) guideline development team's nursing research associate searched an established list of websites for guidelines and other relevant content published. It captured relevant literature published between 2004 and 2013 and guidelines published between 2005 and 2013. This list was compiled based on knowledge of evidence-based practice websites and recommendations from the literature. Detailed information about the search strategy for existing guidelines, including the list of websites searched and inclusion criteria, is available online at www.RNAO.ca. Guidelines were also identified by members of the expert panel.

Systematic Review

Concurrent with the review of existing guidelines, a search for recent literature relevant to the scope of this Guideline was conducted with guidance from the RNAO expert panel co-chairs. The systematic literature search was conducted by a health-sciences librarian. The search, limited to English-language articles published between 2004 and 2013, was applied to Cumulative Index to Nursing and Allied Health (CINAHL), EMBASE, Database of Abstracts of Reviews of Effects (DARE), Medline, Cochrane Central Register of Controlled Trials and Cochrane Database of Systematic Reviews, ERIC, and PsycINFO databases. Detailed information about the search strategy for the systematic review, including the inclusion and exclusion criteria as well as search terms, is available online at www.RNAO.ca. Four research associates (nurses holding master's degrees) independently assessed the eligibility of studies according to established inclusion and exclusion criteria. RNAO's best practice guideline program manager, working with the expert panel, resolved disagreements.

Number of Source Documents

9 guidelines and 122 studies were included.

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Levels of Evidence

Ia Evidence obtained from meta-analysis or systematic reviews of randomized controlled trials.

Ib Evidence obtained from at least one randomized controlled trial.

IIa Evidence obtained from at least one well-designed controlled study without randomization.

IIb Evidence obtained from at least one other type of well-designed quasi-experimental study, without randomization.

III Evidence obtained from well-designed non-experimental descriptive studies, such as comparative studies, correlation studies, and case studies.

IV Evidence obtained from expert committee reports, opinions, and/or clinical experiences of respected authorities.

Adapted from "Sign grading system 1999-2012," by the Scottish Intercollegiate Guidelines Network (SIGN), 2012, in SIGN 50: A Guideline Developer's Handbook. Available from http://www.sign.ac.uk/guidelines/fulltext/50/index.html .

Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review with Evidence Tables

Description of the Methods Used to Analyze the Evidence

Guideline Review

Members of the expert panel and two of Registered Nurses' Association of Ontario (RNAO)'s nursing research associates critically appraised 12 international guidelines using the *Appraisal of Guidelines for Research and Evaluation Instrument II*. From this review, the 9 guidelines were selected to inform the review process.

Systematic Review

Quality appraisal scores for 20 articles (a random sample of 10% of articles eligible for data extraction and quality appraisal) were independently assessed by RNAO best practice guideline research associates. Acceptable inter-rater agreement (kappa statistic [K], GS/DA K = 0.69; DA/MB K = 0.69) justified proceeding with quality appraisal and data extraction by dividing the remaining studies equally between the four research associates. Validated quality appraisal tools were used to assess all articles included in the systematic review (i.e., AMSTAR, CASP tools, Evaluative Tools for Mixed Method Studies, Cochrane Public Health). A final summary of literature findings was completed. The comprehensive data tables and summary were provided to all RNAO's expert panel members. In September 2013, the expert panel convened to revise and achieve consensus on Guideline recommendations and discussion of evidence based on strong and moderate quality-level evidence where available (i.e., quality appraisal scores).

A review of the most recent literature and relevant guidelines published between 2004 and 2013 resulted in a substantial update of existing recommendations, as well as the inclusion of stronger evidence for new or revised recommendations.

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

To prepare the second edition of this guideline, the Registered Nurses' Association of Ontario (RNAO) assembled an expert panel composed of nurses, other health-care professionals, health-care administrators, and community social services workers, some of whom had served on the previous expert panel and some of whom are new members who bring additional expertise in particular practice areas. A systematic review of the evidence took into consideration the scope of the original Guideline (2005) and was supported by three clinical questions. It captured relevant literature between 2004 and 2013 and guidelines published between 2005 and 2013. These are the research questions that guided the systematic review:

1. What are the effective obesity-prevention nursing interventions for children?
2. What education do nurses need to effectively prevent childhood obesity?
3. What organizational or political supports are necessary to provide a supportive practice environment for the implementation and evaluation of high-quality, evidence-based nursing care in childhood obesity?

The expert panel's mandate was to review the original Guideline in light of the new evidence in order to ensure the validity, appropriateness, and safety of the recommendations. Where necessary, sections have been updated to take into account new evidence. This edition is the result of the expert panel's work to integrate the most current and best evidence into the recommendations and supporting evidence from the first edition (where applicable).

Rating Scheme for the Strength of the Recommendations

Not applicable

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

External Peer Review

Internal Peer Review

Description of Method of Guideline Validation

Stakeholders representing diverse perspectives were solicited for their feedback.

Evidence Supporting the Recommendations

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

- Among other benefits, tailoring interventions allows health-care providers to account for cultural preferences and neighbourhood characteristics (e.g., walkability of sidewalks, housing and safety) that place children at increased risk for obesity.
- Systematic review evidence demonstrates that stakeholder involvement builds community capacity and creates interventions that are tailored to the community's needs, which in turn increases support, improves program and policy delivery, and sustains momentum. Engaging

community stakeholders across multiple settings, such as in schools, childcare centers and in the broader community, ensures consistency and the reinforcement of messages used in the intervention.

Potential Harms

The expert panel cautions that anthropometric measures should be collected with sensitivity for their potential psychosocial impact on children (e.g., self-esteem; body image; labeling). While the systematic review found very few studies that measured the psychosocial outcomes of growth and development assessment in the context of obesity prevention in children, the expert panel urges health-care providers to be mindful of the potential for these unintended consequences, seek appropriate training on how to sensitively collect data from children and accurately interpret the corresponding growth charts.

Qualifying Statements

Qualifying Statements

- These guidelines are not binding on nurses or the organizations that employ them. The use of these guidelines should be flexible, and based on individual needs and local circumstances. They neither constitute a liability nor discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor the Registered Nurses' Association of Ontario (RNAO) gives any guarantee as to the accuracy of the information contained in them nor accept any liability, with respect to loss, damage, injury, or expense arising from any such errors or omission in the contents of this work.
- This nursing Best Practice Guideline (BPG) is a comprehensive document that provides resources for evidence-based nursing practice, and should be considered a tool, or template, intended to enhance decision making for individualized care. The Guideline is intended to be reviewed and applied in accordance with both the needs of individual organizations or practice settings and the needs and wishes of the child/family/community/system/society. In addition, the Guideline provides an overview of appropriate structures and supports for providing the best possible evidence-based care.
- Nurses, other health-care professionals, and administrators who lead and facilitate practice changes will find this document invaluable for developing policies, procedures, protocols, educational programs and assessments, interventions, and documentation tools. Nurses in direct care will benefit from reviewing the recommendations and the evidence that supports them. The authors recommend practice settings adapt these guidelines in formats that are user-friendly for daily use.

Implementation of the Guideline

Description of Implementation Strategy

Implementation Strategies

Implementing guidelines at the point of care is multi-faceted and challenging; it takes more than awareness and distribution of guidelines to get people to change how they practice, and in the case of a guideline focused on population health, to create a societal shift toward healthy outcomes. Guidelines must be adapted for each practice setting in a systematic and participatory way, to ensure recommendations fit the local context. The Registered Nurses' Association of Ontario's (RNAO) *Toolkit: Implementation of Best Practice Guidelines (2nd ed.)* provides an evidence-informed process for doing this.

The *Toolkit* is based on emerging evidence that successful uptake of best practice in health care is more likely when:

- Leaders at all levels are committed to supporting guideline implementation
- Guidelines are selected for implementation through a systematic, participatory process
- Stakeholders for whom the guidelines are relevant are identified and engaged in the implementation
- Environmental readiness for implementing guidelines is assessed
- The guideline is tailored to the local context
- Barriers and facilitators to using the guideline are assessed and addressed
- Interventions to promote use of the guideline are selected

- Use of the guideline is systematically monitored and sustained
- Evaluation of the guideline's impact is embedded in the process
- There are adequate resources to complete all aspects of the implementation

The *Toolkit* uses the "Knowledge-to-Action" framework to demonstrate the process steps required for knowledge inquiry and synthesis. It also guides the adaptation of the new knowledge to the local context and implementation. This framework suggests identifying and using knowledge tools, such as guidelines, to identify gaps and to begin the process of tailoring the new knowledge to local settings.

RNAO is committed to widespread deployment and implementation of their Best Practice Guidelines (BPGs). RNAO uses a coordinated approach to dissemination, incorporating a variety of strategies, including the Nursing Best Practice Champion Network®, which develops the capacity of individual nurses to foster awareness, engagement, and adoption of BPGs; and the Best Practice Spotlight Organization® (BPSO®) designation, which supports implementation at the organizational and system levels. BPSOs focus on developing evidence-based cultures with the specific mandate to implement, evaluate, and sustain multiple RNAO BPGs. In addition, the authors offer capacity-building learning institutes on specific guidelines and their implementation annually.

Information about RNAO's implementation strategies can be found at:

- RNAO Best Practice Champions Network: http://RNAO.ca/bpg/get-involved/champions
- RNAO Best Practice Spotlight Organizations: http://rnao.ca/bpg/bpso
- RNAO capacity-building learning institutes and other professional development opportunities: http://RNAO.ca/events

Evaluating and Monitoring this Guideline

As you implement the recommendations in this Guideline, the guideline developers ask you to consider how you will monitor and evaluate its implementation and impact.

Table 3 in the original guideline document is based on a framework outlined in the Registered Nurses' Association of Ontario's *Toolkit: Implementation of Best Practice Guidelines (2nd ed.)* and illustrates some specific indicators for monitoring and evaluating of this Guideline.

Implementation Tools

Mobile Device Resources

Patient Resources

Resources

Tool Kits

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Identifying Information and Availability

Bibliographic Source(s)

Registered Nurses' Association of Ontario (RNAO). Primary prevention of childhood obesity, second edition. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2014 May. 140 p. [265 references]

Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2005 Mar (revised 2014 May)

Guideline Developer(s)

Registered Nurses' Association of Ontario - Professional Association

Source(s) of Funding

This work is funded by the Ontario Ministry of Health and Long-Term Care.

Guideline Committee

Registered Nurses' Association of Ontario Expert Panel

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Financial Disclosures/Conflicts of Interest

Declarations of interest and confidentiality were made by all members of the Registered Nurses' Association of Ontario expert panel.

Further details are available from Registered Nurses' Association of Ontario.

Guideline Status

This is the current release of the guideline.

This guideline updates a previous version: Registered Nurses Association of Ontario (RNAO). Primary prevention of childhood obesity. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2005 Mar. 88 p.

This guideline meets NGC's 2013 (revised) inclusion criteria.

Guideline Availability

Electronic copies: Available from the Registered Nurses' Association of Ontario (RNAO) Web site .

Print copies: Available from the Registered Nurses' Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

Availability of Companion Documents

The following are available:

- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2012 Sep. 152 p. Electronic copies: Available from the Registered Nurses' Association of Ontario (RNAO) Web site .
- Registered Nurses' Association of Ontario – Nursing Best Practice Guidelines Program: primary prevention of childhood obesity, second edition May 2014. Guideline search strategy. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2014 May. 9 p. Electronic copies: Available from the RNAO Web site .
- Registered Nurses' Association of Ontario – Nursing Best Practice Guidelines Program: primary prevention of childhood obesity, second edition May 2014. Bibliography of all full-text articles screened for inclusion. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2014 May. 28 p. Electronic copies: Available from the RNAO Web site .

In addition, several webinars and webinar question and answer sessions are available from the RNAO Web site .

The appendices in the original guideline document contain various resources, including nutrition guidelines, Canadian physical activity guidelines, Canadian sedentary behaviour guidelines, school environment and community assessment tools and resources, and tools and resources to evaluate healthy public policies.

Print copies: Available from the Registered Nurses' Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

Mobile versions of RNAO guidelines are available from the RNAO Web site .

Patient Resources

The following is available:

- Healthy eating, physical activity and sedentary behaviours: healthy habits that will last a lifetime. Health education fact sheet. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2014 May. 2 p. Electronic copies: Available from the Registered Nurses' Association of Ontario (RNAO) Web site .

Print copies: Available from the Registered Nurses' Association of Ontario (RNAO), Nursing Best Practice Guidelines Project, 158 Pearl Street, Toronto, Ontario M5H 1L3.

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC Status

This summary was completed by ECRI on June 9, 2005. The updated information was verified by the guideline developer on June 21, 2005. This NGC summary was updated by ECRI Institute on April 30, 2015. The updated information was verified by the guideline developer on May 13, 2015.

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